FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE:		FORM DR-1	STATEMENT OF
☑ This is an initial* Statement of Organization ☐ This is an amended* Statement of Organization	Reset Form	(Rev. 8/2011)	ORGANIZATION
* Statement must be filed within 10 days of committee accepting contribution	ns, making expenditures, or	For Office Use	
incurring debts exceeding \$750. Amendments must be filed within 30 days Effective January 1, 2011, ONLY county/local committees with less than \$20 trips there forms.	of a change	Indexed	254
using these forms. All other committees must file their statements and repo	rts electronically.	Audited Computer	
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.) If you did			
Jack May			~
IMPORTANT: Indicate type of committee you are reporting for:			2 3
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide DAC (
(5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Ballot Issue (including committee involved in multiple city/county ballobissues)			
COMMITTEE TREASURER (mandatory for all committees)			0 00
Name + I a a k m a	Name		OP
Mailing Address ↓ ↓	Mailing Address V	y	SE SE
52978 3207h 57. City, State ↓ ↓ Zip Code ↓ ↓	52978 32016	57	- PE
Silver City Ja 51571	City State + Zip Code + +	51571	- 0
Phone (712) 525-1070	Phone (7/2) 525-1		
e-Mail None			
INDICATE PURPOSE OF COMMITTEE - Check One Box Advector Ad		dvocate for ballot issu	
All Candidates Enter:	County/Local Candidates a	dvocate against ballo	t issue(s)
Sind dought. Street V1301			
Political Party (if applicable) peminated by Peticn County: M, 115 (If active in multiple ballot issue elections, attach list of counties			
District:			
Year Standing for Election: 2 0 12 Bank Account Name (must match committee name)			
the state of the s	Candidate name & Address or P	arent Entity (PACs, Affiliate, or Sponsor	if applicable),
Name of Financial Institution/type of Account	Jack may		
Name of Financial Institution/type of Account	Mailing Address ↓ ↓	<u></u>	
Malvern Trust + Savings Persone!- Mailing Address + Farm	52978 320th	ST	
Mailing Address ### Fanm	City ↓ ↓	State ↓ ↓	Zip ↓ ↓
City State Box 120	Silver City	Ia. 51	571
m () State v Zip v	Phone (7/2) 525 -	1070	
Malven , Sa. 51551	e-Mail none		
STATEMENT OF AFFIRMATION: By filing this document the committee affirms the following:			
1. The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative rules in Chapter 351 of the Iowa Administrative Code.			
2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates subjects the candidate or chairperson (in the case of committees other than a candidate's committee) to the automatic assessment of a civil penalty and the possible			
3. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require the placement of the words "paid for by" and the name of the committee on all political materials except for those items exempted by statute or rule. A committee that wishes to register a committee name for purposes of using the shorter "paid for by" and does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form in lieu of filing this form.			
4. That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the receipt of corporate contributions by all committees except for ballot issue PACs.			
5. A candidate and a candidate's committee may only expend campaign funds as permitted by Iowa code sections 68A.301 through 68A.303 and rule 351—4.25.			
6. That the committee will continue to file disclosure reports until all activity has ceased, committee funds spent, debts resolved, and a final report and a statement of dissolution (DR-3) has been filed.			
O P am			
Signature of Treasurer	9-24-1	2	
A grant of Treasurer		Date Signed	
Signature of Candidate, OR, for all other committees, Chairperson	9-24-12		
V Statisfied of the statisfied	•	Date Signed	